

NAVAL SUPPORT ACTIVITY MONTEREY BAY

Naval Postgraduate School
1 University Circle, Code N1, Monterey, CA 93943-5000

HAZARDOUS MATERIAL CONTROL & MANAGEMENT REQUISITION SCREENING FORM

ASSIGNED HM CODE: _____ DEPT / CODE: _____ FAX # _____

REQUESTED AMT: _____ CONTAINER TYPE: _____ CONTAINER SIZE: _____

Product Name _____ Manufacturer: _____

Part A - Department Process Upgrades / Changes Requiring New HM Product Purchase

1. Product User Info: Name _____ Sex: _____
Job Title _____
2. Number of Employees Exposed: Male _____ Female _____
3. Safe (r) Substitute: _____
4. Average Time Spent on Operation: _____
5. Amount Used Per Operation: _____
6. Frequency & Application Method: _____
7. Type of PPE required to be used: _____
8. Location of Product Use: Bldg No. _____ Room No. _____ Ventilation Type _____

Part B - HM Purchase Awareness / Verification

1. MSDS #: _____ Quantity Left On Hand _____
2. **This Order:** For Replenishment of Stock ☐ Requires Increase to DAUL ☐ One Time Use Only ☐
3. Product Storage Location: Bldg No. _____ Room No. _____ Amt Autho: _____
4. Product Replacement: _____ Replacing MSDS# _____ on Dept. DAUL.
5. Reason for Request: _____

 Request Addition to HMC&M Exempt Article Listing (EAL): ☐

CERTIFICATION APPLIES TO PART A & B ABOVE

I certify that I am the knowledgeable person designated as the Department HM Program Manager. The items requested above have approved HM storage, proper personnel protective equipment is available, employees have received proper information on the specific hazards related to the requested HM and information on the protective measures in case of a spill/incident. This information will ensure the safe and proper use, storage and disposal of the item being requested.

(Signature)

(Date)

(Print Name)

(Phone No.)

This section completed by command hmc&m coordinator or appointed designee
HMC&M Comments / Special Instruction:

☐ Approved

☐ Disapproved

Signed: _____

Date: _____